

PATENT APPLICATION SERIAL NO. 10/521035

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

01/19/2005 SHAJARRO 00000032 10521035

01 FC:1631	300.00 OP
02 FC:1632	<del>500.00 OP</del>
03 FC:1633	200.00 OP

Repln. Ref: 07/20/2005 JANDERSU 0016352200  
App: 501529 Name/Number: 10521035  
FC: 9204 \$100.00 CR

07/20/2005 JANDERSU 00000004 10521035

400.00 UP

02 FC:1632

~~500.00 OP~~

07/20/2005 JANDERSU 00000097 501529 10521035

01 FC:1616 300.00 DA

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7-19-05</u>		2 Serial/Patent # <u>10/521035</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ 100							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 100							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Treasury Check									
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">5</td> <td style="width: 30px;">0</td> <td style="width: 30px;">--</td> <td style="width: 30px;">1</td> <td style="width: 30px;">5</td> <td style="width: 30px;">2</td> <td style="width: 30px;">9</td> </tr> </table>			5	0	--	1	5	2	9
5	0	--	1	5	2	9					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>John Anderson</u>		TITLE: <u>Paralegal Specialist</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140 ext 211</u>									
OFFICE: <u>PET DO/EO</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*